





COUNTY BOROUGH OF BURY.

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# REPORT

ON THE

## Medical Inspection of School Children

For the Year ended 31st December, 1940.

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G. M. DAVIDSON LOBBAN, M.B., D.P.H.,

SCHOOL MEDICAL OFFICER, MEDICAL OFFICER OF HEALTH,


AND

CHIEF TUBERCULOSIS OFFICER.

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PUBLIC HEALTH DEPARTMENT,  
TITHEBARN STREET, BURY.

March, 1941.

To the Chairman and Members of the Education Committee,  
County Borough of Bury.

Ladies and Gentlemen,

I have pleasure in presenting the Annual School Medical Report for 1940.

In this preface I would like to draw your attention to the following:—

1. The number of special medical inspections and re-inspections, which are of somewhat more value than ordinary routine inspections, were increased in 1940 to 3,338, which is the highest figure reached in this method of examination which concentrated on those children who have defects or are ailing in one way or another.

2. A number of evacuee school children arrived and took up residence in the borough. These children were medically examined on arrival and on the whole found to be fairly free from defects and were free from uncleanness and infestation in the majority of cases. The school medical services were put at their disposal for those who required them. Their transference from the South to our Northern climate has effected no adverse change in their health.

3. The total number of inspections made by the school nurses for uncleanness associated with verminous conditions was 15,340, which is an average figure. Thirty-four children were found as a result to be unclean and infested. This is not a large figure. It should be made compulsory, however, to include the inspection of all the members of a verminous child's family and the subsequent disinfestation of the infected members. During the year legal proceedings under the Education Act, 1921, were taken against three families, and under the School Attendance By-Laws against 25 families concerning uncleanness and verminous conditions.

4. Concerning the nutrition of the Bury school-children, it was found that in 1940 only five, amounting to 0.35 per cent. of those examined, were in bad nutrition. One hundred and sixty-six, or 11.47 per cent., were found to be of slightly subnormal

nutrition, whilst 1,226, or 84.75 per cent., were of normal nutrition. Fifty, or 3.45 per cent., were of excellent nutrition. The figures for 1937, 1938, and 1939 were as follows:—Bad nutrition, 15 or 0.6 per cent., 18 or 0.92 per cent., 30 or 1.47 per cent. respectively; slightly subnormal nutrition, 308 or 13.6 per cent., 251 or 12.91 per cent., 337 or 16.51 per cent.; normal nutrition, 1,853 or 81.5 per cent., 1,484 or 76.33 per cent., 1,524 or 74.67 per cent.; excellent nutrition, 97 or 4.3 per cent., 191 or 9.82 per cent., 150 or 7.35 per cent. Comparing the above figures it will be seen that only a few of the children were found to be of bad nutrition in 1940, when the numbers found in previous years are taken into account. The figures for slightly subnormal nutrition do not vary very much, and one has to bear in mind the interpretation of such a state of “slightly subnormal nutrition” given by various school medical officers. The normal nutrition figures are what are expected despite their yearly variances. Between bad nutrition and excellent nutrition there is a clear-cut and obvious difference, and in summing up the nutritional state of school children, it is best to bear the figures for these states in mind. Thus, although the 1940 inspections have revealed few children of bad nutrition, it has also been shown that there were fewer children then examined who were of excellent nutrition when the figures for other years were considered. It must be held then that both the children found of bad nutrition and of excellent nutrition throughout the year reviewed are abnormal, and this, moreover, not disregarding the chances which operate in their sporadic occurrences in a system of mass examinations which constitute the present school medical inspections. Whilst congratulating ourselves that the numbers of children with bad nutrition are but few, it is to be regretted that the numbers of children with excellent nutrition are not many. Times change and standards with them, and the standard taken for normal nutrition to-day may be quite a different standard taken for normal nutrition in the future. It is to be hoped that the number of children with excellent nutrition will be found in greater proportion than that found at present. This can only come about after close attention is paid to dietary, open-air exercise, and sufficient rest.

5. The new regulations concerning the non-exclusion of contacts of cases of measles, German measles, and chicken-pox introduced in September, 1939, have been carried out in practice for one and one-half years, in that contacts of cases of the



diseases mentioned have been allowed to go back to school as exclusion was thought unnecessary. So far I have been unable to observe any ill effects from such a practice.

6. As during the last year there were comparatively few cases of infectious diseases amongst the school children in 1940. The prophets who predicted wholesale epidemics due to war conditions and evacuation have been confounded. Furthermore, no noticeable harm has attended the new practice incepted in September, 1939, of allowing only severe cases of scarlet fever and only true clinical diphtheria cases into the Infectious Diseases Hospital.

7. The new Remedial Exercises Clinic has functioned during the year with success. This clinic is instituted for the correction of minor orthopaedic defects such as bent spines, flat feet, poor chest development, knockknees, and some paralyses. Children have made 1,480 attendances during the year, and the results of the exercises and treatment have in the majority of cases been very good.

8. Mention must be made here of a hard working and efficient department of the School Medical Service, and that is the Dental Department. During the year under review the number of dental inspections and attendances for dental treatment by the school children were kept well up to the average.

I take this opportunity of expressing my thanks to Dr. Mackinnon, Dr. Ratcliffe, Mr. Kershaw, the School Nurses and the clerical staff of the School Medical and Health Departments for the assistance they have given in the important work of the school medical department. I also wish to thank the Director of Education and his staff and the Head Teachers of the various schools for the help given to me, whilst I wish to make special mention of the very useful work carried out by Mrs. Rainey, Inspector of the N.S.P.C.C.

I wish to thank you, ladies and gentlemen, for the courtesy and consideration you have given me during the year under review.

I have the honour to be,

Your obedient servant,

G. M. DAVIDSON LOBBAN, M.B., Ch.B., D.P.H.,  
School Medical Officer.

## REVIEW OF THE FACTS DISCLOSED BY MEDICAL INSPECTION.

**Tonsils and Adenoids.**—During the year 41 (1, E\*) children were found to be suffering from enlarged tonsils requiring treatment, while 57 were suffering from enlargement without evidence of ill-effect, and were referred for observation. Five (1, E\*) children were referred for treatment for adenoids, while the figure for children suffering from both conditions together was 25 (2, E\*) requiring treatment and 1 observation. In addition 30 (4, E\*) children were referred for treatment for other defects of the nose and throat and 2 for observation only.

Comparative figures for the previous four years are:—

Enlarged Tonsils:	1936.	1937.	1938.	1939.
Children requiring treatment ... ..	209	128	77	45
Children referred for observation... ..	130	111	166	82
Adenoids:				
Children requiring treatment ... ..	8	40	32	6
Children referred for observation... ..	28	34	12	4
Enlarged Tonsils and Adenoids:				
Children requiring treatment ... ..	33	41	24	48
Other defects of nose and throat:				
Children requiring treatment or observation ... ..	1	19	19	22

Medical thought of to-day is much more conservative on the question of tonsils and adenoids. Generally speaking, adenoidal tissue causing nasal obstruction, mouth breathing, etc., should be removed by operation. Mere enlargement of the tonsils does not demand removal, but parents must realise that any recommendation for removal of tonsils is made after much thought and repeated observation of the patient and in the light of modern medical thought.

**Tuberculosis.**—Two cases of suspected Pulmonary Tuberculosis were discovered.

**Bronchitis.**—Sixty-five (2, E\*) cases of Bronchitis were discovered during the year and 41 were referred for treatment and 24 for observation. Most of the children notified on Form 40a D suffer from Bronchitis. Many other cases found are not sufficiently severe to be notified, but they required Ultra Violet Light treatment—from which much benefit was derived.

\* Includes Evacuees.

The number of cases of Bronchitis discovered and referred for treatment in previous years was:—1936, 83; 1937, 44; 1938, 89; 1939, 71.

The past winter has been a very severe one for school children, especially of the younger age groups. The object with these cases is to prevent the condition becoming chronic, and many were sent to an open-air school for treatment.

**Skin.**—A number of cases of Skin Disease were discovered during the Routine Inspections, and many more were sent as “ specials ” to the clinic for treatment. Among the cases of Skin Disease found were:—

	(a) Referred for Treatment	(b) Referred for Observation only
Ringworm, Scalp ... ..	—	—
Ringworm, Body ... ..	2	—
Scabies ... ..	16	—
Impetigo ... ..	73 (2, E*)	—
Other Skin Diseases (Non-Tuberculous).	290 (10, E*)	20

The figures for previous years are:—

Ringworm, Scalp:	1936.	1937.	1938.	1939.
(a) Referred for treatment...	1	2	—	4
(b) Referred for observation only ...	—	—	—	—
Ringworm, Body:				
(a) Referred for treatment...	10	3	9	1
(b) Referred for observation only ...	—	—	—	—
Scabies:				
(a) Referred for treatment...	18	83	36	29
(b) Referred for observation only ...	—	—	—	—
Impetigo:				
(a) Referred for treatment...	193	88	88	45
(b) Referred for observation only...	—	—	—	—
Other Skin Diseases (non-Tuberculous):				
(a) Referred for treatment...	251	334	391	260
(b) Referred for observation only...	15	19	7	14

\* Includes Evacuees.



**External Eye Disease.**—130 (4, E\*) cases of external eye disease were found during the year, 129 of which were referred for treatment. The following table shows the nature of these cases :

	(a) Referred for Treatment.	(b) Referred for Observation only
Blepharitis ... ..	22 .....	1 .....
Conjunctivitis ... ..	42 (2, E*) .....	— .....
Corneal Opacities ... ..	2 .....	— .....
Other ... ..	62 (2, E*) .....	— .....
Keratitis... ..	1 .....	— .....

The figures for previous years are:—

	1936.	1937.	1938.	1939.
Blepharitis:				
(a) Referred for treatment... ..	38 ...	29 ...	47 ...	51 ...
(b) Referred for observation... ..	— ...	— ...	— ...	— ...
Conjunctivitis:				
(a) Referred for treatment... ..	13 ...	19 ...	47 ...	27 ...
(b) Referred for observation... ..	— ...	— ...	— ...	— ...
Corneal Opacities:				
(a) Referred for treatment... ..	— ...	2 ...	— ...	— ...
(b) Referred for observation... ..	— ...	— ...	— ...	— ...
Other:				
(a) Referred for treatment... ..	47 ...	26 ...	74 ...	58 ...
(b) Referred for observation ... ..	— ...	4 ...	14 ...	4 ...

Too much attention cannot be paid to external eye disease because the slightest evidence of this may really be a manifestation of defective vision undetected by the routine vision tests—the youthful vigour of the child's eye muscles being able to accommodate to a normal vision.

**Defective Vision and Squint.**—505 (24, E\*) cases of defective vision and squint were found. Of these 473 were cases of defective vision and 32 cases of squint. 454 were referred for treatment and 51 for observation only.

Previous figures are:—

	1936.	1937.	1938.	1939.
Cases of defective vision and squint found... ..	422	381	546	608
Cases of defective vision and squint referred for treatment ... ..	332	329	523	553
Cases of defective vision and squint referred for observation... ..	90	52	23	55

\* Includes Evacuees.

The large increase in cases of defective vision is due to the fact that a higher standard of visual acuity was set and so many children are now having their defects corrected at an earlier age and at an earlier stage of the disease.

There are unfortunately still a number of parents who are unwilling to see the necessity of children wearing spectacles with the object of preserving good vision.

**Ear Diseases and Hearing.**—Seven children were found to be suffering from defective hearing, 2 from Otitis Media, and 39 (2, E\*) from other ear diseases. Children who have been treated at the clinic are called up subsequently from time to time, in order that any recurrence may be detected.

#### **DIPHTHERIA IMMUNISATION. SCHOOL CHILDREN.**

The position at the end of 1940 with regard to the immunisation of school children was that 801 children of school age were immunised against diphtheria. Of the children immunised one contracted diphtheria. Immunisation mitigated the effects of the disease and probably staved off fatal consequences.

#### **“ FOLLOWING UP.”**

Medical Inspection is obviously of very little use unless those children who are found to be suffering from some disease or defect are “ followed up ” in order to ensure that the necessary treatment is obtained. The procedure adopted in this Borough is as follows :

A note is at once sent to the parent informing him of any abnormal condition discovered, and urging him to obtain appropriate treatment. After an interval the house is visited by the nurse and enquiries made as to whether treatment has been obtained. If not, a further note is sent, and after another interval the house is again visited. These visits are repeated as often as necessary, but owing to the unsatisfactory replies often given by parents and the difficulty experienced by the Nurses, with the limited time at their disposal, in getting into touch with the latter (many of them being out at work at the time of the visit), they are, as far as possible, induced to attend the clinic. In this way many more parents are prevailed upon to obtain medical treatment for their children, and by calling up the latter from time to time the receipt of such treatment can be verified.

\* Includes Evacuees.

All children found to be defective on inspection are re-examined by the Medical Officer on his next visit to the school in order to ascertain whether treatment has been obtained, and, if so, the result of same.

Too often, at this re-examination, it is found that nothing has been done to remedy the defect already notified to the parent. In many cases this is not the result of neglect, but merely the result of procrastination.

During the year the School Nurses have carried out the following visits, etc. :—

Number of visits to school departments in connection with medical inspection ... ..	430
Number of visits to schools to examine children for cleanliness ... ..	324
Number of visits and re-visits to homes ... ..	281
„ examinations for cleanliness ... ..	15,340

### MEDICAL TREATMENT.

**Minor Ailments.**—A Clinic for the treatment of Minor Ailments is held at The Wyld. The accommodation consists of waiting room, dressing room, consulting room, and nurses' room.

The Clinic is open six days a week during school terms. Children attend from 9 to 10 a.m., when they are seen by the Medical Officer. They are either treated or referred to their own doctor in the case of children having a regular medical attendant.

The School Nurse on duty deals with cases requiring special treatment and excluded children after 10 a.m., and is frequently so engaged until after 11 a.m. Specials and children requiring more than one daily treatment are seen by appointment later in the day.

An arrangement has been made by which children are provided with a small attendance card which they bring to and from school. On this card, which is available for a month, is noted the date of

each attendance and the time of arrival and departure, and when the child is to re-attend.

The records of the Clinic are kept on a Card Index system. On each card are the particulars of the child, its defect, and whether attending as result of school inspection or sent by teacher, doctor, or parent. On the card are also recorded the treatment and condition on discharge, with the date of each attendance, the time of arrival and departure, and the period of any exclusion.

A child may attend other clinics such as the Sunlight, Immunisation, Remedial Exercises Clinic, etc. The record of its attendances at all Clinics and the results obtained are placed on a key card, which gives a complete clinical medical history of each school child. This system was completed in 1939.

The Clinic Clerk is now in charge of the booking while the Clinic is open, and a monthly summary is made of all attendances in accordance with the above particulars.

The number of children attending the Minor Ailments Clinic during the year 1940 is shown in the following table:—

Number of children attending from 1939 ... ..	94
„ „ discharged during 1940 ... ..	912 (43, E*)
„ „ still attending at end of 1940 ... ..	129 (5, E*)
„ fresh children who attended during 1940 ...	916 (47, E*)
„ attendances ... ..	3,692 (49, E*)
Clinic open ... .. days	299
Average attendance per child... ..	3.66
Average daily attendance ... ..	12.35

In addition to the above, 423 children attended on three or four successive days for mydriatic application before seeing the School Oculist for purpose of refraction. This represents 1,480 attendances which are not included in the total attendances in the previous table.

Comparative figures for previous years are as follows:—

	1936.	1937.	1938.	1939.
Number of fresh children who attended Clinic	831	1,015	1,178	856
Number of attendances ... ..	6,680	5,374	5,269	3,823
Average attendance per child ... ..	7.48	5.1	4.2	3.9
Average daily attendance ... ..	22.5	18.3	18.3	13.1
Children attending for mydriatic application	422	381	456	478

\* Includes Evacuees.



Altogether 402 parents were seen at the Clinic during the course of the year. This was largely in connection with defects found in the course of Medical Inspection.

Much prolonged treatment is caused by children ceasing to attend the Clinic before being cured, and then relapsing and coming back in as bad a state as they were at the commencement of their treatment.

**Tonsils and Adenoids.**—Many of the cases requiring operative interference are treated by general practitioners. New arrangements came into force during 1930 with the Board of the Bury Infirmary under which certain cases are treated at that Institution. No charge is made by the Board to the Education Committee, and correspondingly no charge is made by the Education Committee to parents of children treated. The Local Authority makes an annual grant to the Infirmary in connection with this scheme.

The following table contains particulars of the cases treated during the last five years:—

	1936.	1937.	1938.	1939.	1940.
Total number of cases receiving some form of treatment... ..	152	172	159	168	123
Number of cases receiving operative treatment under the Local Authority's Scheme ... ..	37	61	21	22	17
Number of cases receiving operative treatment by private practitioner or otherwise ... ..	87	85	74	86	38

**Tuberculosis.**—Cases of Pulmonary Tuberculosis occurring in the Borough are sent for treatment to the Institution of the Bury and District Joint Hospital Board, but the Board does not admit children under 14. School children are, however, sent to the Liverpool Open-Air Hospital for Children, Leasowe, and to the Halifax Sanatorium, Shelf.

An agreement is in force between the Bury Corporation and the Bury Infirmary, under which cases of Non-Pulmonary Tuberculosis occurring in the Borough are treated at that Institution. Such treatment is available for school children. Cases are also occasionally sent for treatment to the Shropshire Orthopædic Hospital at Oswestry, the Liverpool Open-Air Hospital for Children, Leasowe, and to the Jericho Hospital, Bury.

Arrangements have been made with the Manchester and Salford Hospital for Skin Diseases, whereby patients from the Borough suffering from Tuberculosis of the Skin could attend and receive appropriate treatment. These arrangements extend also to children of school age.

The following table shows the number of cases of definite Tuberculosis which have received Institutional treatment during the year:—

At Liverpool Open-Air Hospital for Children, Leasowe:

	No.	Total No. of Days
Boys ... ..	3	522
Girls ... ..	3	487

At Shropshire Orthopaedic Hospital, Oswestry:

Boys ... ..	2	365
Girl ... ..	1	124

At Halifax Sanatorium, Shelf, near Halifax:

Girl ... ..	1	227
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**Skin Disease.**—The majority of the cases of Skin Disease occurring among school children were treated at the Minor Ailments Clinic. Further particulars will be found in Table IV., Group I., at the end of this Report.

**External Eye Disease.**—All cases of External Eye Disease are now referred to the Ophthalmic Surgeon at the School Ophthalmic Clinic—previously these cases have been referred to the Bury Infirmary if the opinion of the Ophthalmic Surgeon was required. This permits of a much closer co-operation between the Ophthalmic Surgeon and the School Medical Officer. Particulars of cases treated will be found in Table IV., Group II.

**Vision.**—The majority of children suffering from defective vision are examined by Dr. James Ratcliffe, the Ophthalmic Surgeon to the Local Authority.

The following table gives particulars of the children treated during the past five years:—

	1936.	1937.	1938.	1939.	1940.
Number of children submitted to refraction...	422	381	456	480	423
„ „ already provided with suitable spectacles ...	77	90	49	74	99
„ „ not requiring spectacles.	119	43	58	51	39
„ „ for whom spectacles were prescribed...	226	248	349	355	285
„ „ who had obtained the necessary spectacles by the end of the year ...	179	242	254	315	255

In cases where the parent cannot afford to pay for glasses the Education Committee pay the cost wholly or in part. The number of cases in which such assistance was rendered during 1940 was 27 (2, E\*). In each instance spectacles were provided free.

Some parents are still too dilatory at obtaining spectacles, and even when they do obtain them they do not insist on the child wearing them.

Further particulars as to treatment of Defects of Vision will be found in Table IV., Group II.

**Ear Disease and Hearing.**—No special treatment is provided apart from that which may be obtained at the School Clinic. As will be seen from Table IV., Group I., 33 cases of Minor Ear Defect have been treated at the Clinic.

Cases offering difficulty are referred for opinion and treatment if necessary to the Ear, Nose and Throat Specialist at Bury Infirmary.

**Dental Defects.**—See Table V.

**Crippling Defects of Orthopædics.**—An arrangement is in force under which Orthopædic cases from Bury are treated under the Scheme of the Lancashire County Council. The scheme falls into three parts:—

1. Orthopædic Centre.
2. Ancoats Hospital, Manchester.
3. Biddulph Orthopædic Hospital, Staffordshire.

1. ORTHOPÆDIC CENTRE.—An Orthopædic Clinic is held once weekly at the "Uplands," Whitefield, and the County Orthopædic Nurse is present at each session. Once a month the County Assistant Orthopædic Surgeon, Mr. E. S. Brentnall, F.R.C.S., attends and sees all new cases and supervises all old cases.

The School Medical Officer attends at each monthly Clinic, thereby gaining first-hand information regarding each child's condition, enabling him to supervise intermediate treatment.

2. ANCOATS HOSPITAL.—Here cases are seen for further opinion or for further examination, including X-ray photographs. Apart from examination and out-patient treatment, only short stay cases are admitted to the Wards of the Ancoats Hospital.
3. BIDDULPH HOSPITAL.—This Hospital belongs to the Lancashire County Council. It is situated 28 miles south of Manchester, near Congleton.

Particulars of cases dealt with at the Orthopædic Centre during the year are given below:—

NEW CASES:—

First Consultation with Surgeon ... ..	11
Second or subsequent Consultations with Surgeon...	1

OLD CASES:—

Total Consultations with Surgeon ... ..	33
Total Consultations with Surgeon—all cases ... ..	45

NEW CASES.—Analysis of Defects:—

Kyphosis ... ..	3
Infantile Hemiplegia ... ..	1
Bursal enlargement, both heels...	2
„ „ left ankle...	1
„ „ left knee ... ..	1
Genu Valgum ... ..	1
Flat feet ... ..	1
Early Hallux Valgus ... ..	1

—  
11  
—

Two children were admitted to Ancoats Hospital during the year.



### REMEDIAL EXERCISES.

Special classes for remedial exercises were held at the School Clinic during 1940. The cases and attendances were as follows:—

(a) Analysis of Cases:—

Bad posture... ..	24
Flat feet ... ..	6
Mouth Breathing ... ..	26
Old Poliomyelitis ... ..	1
Knock knees ... ..	1
Torticollis ... ..	1
	—
	59
	—

(b) Attendances ... .. 1,453

Average attendance per child, 24.6.

### ARTIFICIAL SUNLIGHT TREATMENT.

The treatment of Minor Ailments among the school children was extended in scope and increased in efficiency by the purchase of a Mercury Vapour Ultra-Violet Light Lamp. The wide variety of uses and application of this method of treatment in Minor Ailments is seen on perusal of the accompanying table. In all cases where the treatment has been instituted a marked improvement in the condition and amelioration of the symptoms have resulted. This is particularly the case with conditions as sub-nutrition, anæmia, or the “weedy” child with multiple septic sores.

The use of the Mercury Vapour Lamp has been proved to be of great benefit in the arrest and cure of tubercular gland or skin conditions. It has enabled tubercular school children to receive treatment at the Clinic with marked benefit to this type of patient. The table shows the relative figures in this latter group.

## Artificial Sunlight Clinic Cases and Attendances:—

## (a) Analysis of Cases.

Anæmia ... ..	9
Malnutrition ... ..	6
Bronchitis ... ..	30 (2, E*)
Adenitis (not T.B.) ... ..	9
Skin ... ..	10
General Debility ... ..	98 (1, E*)
Alopecia ... ..	2
Otitis Media ... ..	1
Rickets ... ..	4
Enlarged Tonsils ... ..	2
Asthma ... ..	1
Chorea ... ..	3
Catarrh ... ..	3
Frequent Colds and Sore Throats..	2
<hr/>	
Total ... ..	180
<hr/>	

Tuberculous, glands... ..	4 (1, E*)
„ abdomen ... ..	3
<hr/>	

Total ... .. 7 Total under  
both heads, 187

## (b) Attendances.

Miscellaneous cases—180 children made 3342 attendances

Tubercular cases — 7 children made 174 attendances

Average attendance per child=18.77.

The total attendances and average attendance per child for previous years are given below:—

	1936.	1937.	1938.	1939.
Total attendances... ..	1,860	2,418	4,144	3,305
Average attendance per child ...	16.46	13.9	19.45	15.88

**CO-OPERATION OF PARENTS.**

Notice is sent to the parent of every child of the date and time of inspection, and the parent is invited to attend. The percentage of parents attending was:—

“ Entrants ” ... ..	77.4 %
“ Second Age Group ” ... ..	36.81 %
“ Third Age Group ” ... ..	8.63 %

The figures for the " Entrants " age group show an increase in the attendance of parents, but those of the " Second " and " Third " age groups show a decrease. There is much room for improvement in the latter age groups. In families where both parents are working a responsible relative should accompany the child to school medical inspection.

The school medical staff are examining children who in the parents' opinion are well enough to be at school and in no way is the School Medical Service a substitute for the family practitioner.

### **OPEN-AIR EDUCATION.**

There are no open-air day or residential schools in the Borough.

### **PHYSICAL TRAINING.**

The following report is submitted:—

The Organiser of Physical Training joined H.M. Forces on the 4th September, 1940.

The Education Committee have continued to pay grants towards the maintenance of school playing fields and to supply games materials.

The teaching of Physical Education in all schools under the Authority is based upon the Board of Education Syllabus for Physical Training, 1933. The continued application of the principles embodied in this Syllabus is producing in both boys and girls a higher standard of physical efficiency, a definite improvement in deportment and posture, and an appreciation of that sense of well-being which comes from active participation in physical activities.

The outbreak of hostilities in September, 1939, forced the Education Committee to defer the building schemes which they had planned. However, two gymnasias have now been completed, both of which are equipped with shower baths which are used at the end of each lesson. Wider opportunities, therefore, are available for children in senior schools and for youth activities.

### SCHOOL BATHS.

The swimming bath at the new Technical College was opened on Tuesday, the 27th February, 1940. The schools of the town have at their disposal exceptionally good facilities for swimming instruction. This is particularly fortunate, as the Corporation Baths have been closed to the schools since September, 1939, even though instruction in swimming will, of necessity, have to be curtailed, some period of time will be given for this important aspect of physical education.

Full use continues to be made of the Bury High School playing field, the last period of every afternoon being devoted to organised games for both boys and girls. The scheme of physical education at the school is a comprehensive one, and is augmented still further by the addition of swimming instruction which is given at the new Technical College bath. It is to be regretted that the outbreak of hostilities has prevented the Authority from providing shower baths at the school gymnasium. This work, however, will be carried out when the time is more opportune.

### PROVISION OF MEALS.

During the year it was found necessary to provide to school children 94,174 meals, comprising 30,650 dinners and 63,524 one-third pint bottles of milk. The dinners were provided by and served at four restaurants situate in various parts of the town. The School Medical Officer has visited each restaurant. The average cost per dinner was 5.8d., and the cost per bottle of milk was .46d.

The cases are selected by the application of a scale which takes into consideration income and number in family. This arrangement, however, does not debar other children from receiving free dinners and/or free milk, inasmuch as the Authority is also guided in the selection of children for supplementary nourishment by reports of teachers, school nurses and school attendance officers, and all cases of suspected malnutrition are immediately referred to the School Medical Officer for examination and report, and if free dinners and/or milk are recommended such provision is made.

The Committee have now under consideration a Cooking Centre and Feeding Centres in the several parts of the town.



## BLIND, DEAF, DEFECTIVE, AND EPILEPTIC CHILDREN.

No schools for the treatment of these children have so far been provided by the Local Education Authority, but Blind and Deaf children are sent to outside institutions.

During 1940 the following children were maintained in special schools or hospitals:—

Blind ... ..	3	Orthopaedic cases ... ..	6
Deaf ... ..	6	Tuberculous... ..	9
Physically defective... ..	11		

## NURSERY SCHOOLS.

No nursery schools have been provided in the area.

## INSTITUTIONS.

Children in hospitals or other institutions are visited periodically by the School Medical Officer, who discusses with doctors in charge the progress made by the patients.

## EMPLOYMENT OF SCHOOL CHILDREN.

During the year 107 children have been examined as to their fitness to undertake employment (usually the delivery of newspapers) out of school hours.

In many cases, these children have been employed for several weeks before the necessary certificate has been obtained. It is necessary, therefore, to stress the point that all individuals, employing school children, must ask the children to produce the necessary certificate, otherwise if the practice mentioned above is persisted in, stronger action will have to be taken.

## SECONDARY SCHOOLS.

During the year 1940 the total number of children inspected was 601. Particulars as to age and sex will be found in the following table:—

Age	10	11	12	13	14	15	16	17	18	Total
Boys ..	2	26	40	125	138	54	17	2	2	406
Girls ..	—	18	42	37	36	39	20	1	2	195
Totals..	2	44	82	162	174	93	37	3	4	601

Total number of visits of School Medical Staff for the purposes of Medical Inspection:—

Doctor ... .. 13

School Nurse ... .. 21

Interference with the school routine was, as far as possible, avoided. The Head Masters of the two schools very kindly placed their rooms at my disposal, and I desire to express my thanks to them and to the other members of the staff for their interest in the work of Medical Inspection and for their valuable assistance.

**Nutrition.**—The following Table shows the classification of the nutrition of the pupils examined at the Secondary Schools during the year under review:—

	No. of Pupils Examined	Excellent		Normal		Slightly Sub Normal.		Poor.	
		No.	%	No.	%	No.	%	No.	%
Boys .....	406	43	10.59	327	80.54	36	8.87	—	—
Girls .....	195	45	23.08	139	71.28	11	5.64	—	—
Totals...	601	88	14.64	466	77.54	47	7.82	—	—

### REMEDIAL EXERCISES.

Special classes for Remedial Exercises were arranged for the year 1940.

Two children from Secondary Schools made 27 attendances at these classes.

### ARTIFICIAL SUNLIGHT TREATMENT.

The treatment of minor ailments by ultra-violet light therapy is available to Secondary School children, and the following information is given re cases and attendances:—

#### Analysis of cases :

Debility ... ..	2
Tubercular Glands ... ..	1 (E*)
	—
	3
	—

#### Attendances :

Debility cases ... ..	4
Tuberculous cases ... ..	2
	—
	6
	—

\* Includes Evacuees.

# ELEMENTARY SCHOOLS.

## TABLE I.

### Return of Medical Inspections, 1940.

#### A.—ROUTINE MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups:—

Entrants ... ..	500
Second Age Group ... ..	576 (13, E*)
Third Age Group ... ..	371

Total ... .. 1,447

Number of other Routine Inspections ... .. —

#### B.—OTHER INSPECTIONS.

Number of Special Inspections and

Re-inspections ... .. 3,338 (107, E\*)

## TABLE II.

### Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

(See Administrative Memorandum No. 124, dated December 31st, 1934).

AGE GROUPS.	Number of Children Inspected	A. (Excellent)		B. (Normal)		C. (Slightly sub-norm'l)		D. Bad	
		No.	%	No.	%	No.	%	No.	%
Entrants .....	500	18	3·6	432	86·4	48	9·6	2	0·4
Second Age-Group ...	576	21	3·65	486	84·37	66	11·46	3	0·52
Third Age-Group .....	371	11	2·96	308	83·02	52	14·02	...	...
Other Routine Inspection.	...	...	...	...	...	...	...	...	...
Totals.....	1447	50	3·45	1226	84·73	166	11·47	5	0·35

\* Includes Evacuees.



TABLE III.  
RETURN OF BLIND AND DEAF CHILDREN.

	At a Public Elementary School	At an Institution other than a Special School	At No School or Institution	TOTAL not receiving suitable educa- tion
Blind Children ....	1	3	—	—
Deaf Children ....	2	4	—	—

TABLE IV.

Return of Defects treated during the year ended  
31st December, 1940.

## TREATMENT TABLE.

GROUP I.—MINOR AILMENTS (excluding Uncleanliness, for which see Table vi.).

Disease or Defect.	Number of Defects treated or under treatment during the year.		
	Under Local Education Authority's Scheme	Otherwise	Total.
(1)	(2)	(3)	(4)
Skin—Ringworm, Scalp —			
(i.) X-Ray Treatment, (if none, indicate by dash) .....	—	—	—
(ii.) Other Treatment .....	—	—	—
Ringworm, Body .....	2	—	2
Scabies .....	16	—	16
Impetigo.....	70	—	70 (2E) *
Other Skin Disease .....	278	—	278 (10E) *
Minor Eye Defects—External and other, but excluding cases falling in Group II.....	123	—	123 (4E) *
Minor Ear Defects .....	33	—	33 (1E) *
Miscellaneous—e.g. minor injuries, bruises, sores, chilblains, &c. ....	184	—	184 (9E) *
Total .....	706	—	706 (26E) *

\* Includes Evacuees.

TABLE IV.—Continued.

## GROUP II.—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments—Group I.).

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise	Total
(1)	(2)	(3)	(4)
Errors of Refraction— (including Squint)	417 (8E)*	6	423 (8E)*
Other Defect or Disease of the Eyes (ex- cluding those re- corded in Group I)	—	—	—
Total .....	417 (8E)*	6	423 (8E)*

Total number of children for whom spectacles were prescribed :

- (a) Under the Authority's Scheme ... .. 285 (8, E\*)  
 (b) Otherwise ... .. —

Total number of children who obtained or received spectacles :

- (a). Under the Authority's Scheme ... .. 254 (8, E\*)  
 (b) Otherwise ... .. 1

## GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Number of Defects.													
Received Operative Treatment.												Received other forms of Treatment	Total Number Treated
Under Local Education Authority's Scheme, in Clinic or Hospital.				By Private Practitioner or Hospital apart from the Authority's Scheme.				Total.					
(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)	(i)	(ii)	(iii)	(iv)		
—	—	17	—	1	—	37	—	1	—	54	—	68	123

(i) Tonsils only.      (ii) Adenoids only.      (iii) Tonsils and Adenoids.  
 (iv) Other Defects of the Nose and Throat.

\* Includes Evacuees.

TABLE IV.—Continued.

## GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.			Total Number Treated
	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-resi- dential Treatment at an Orthopædic Clinic (iii)	Residential Treatment with Education (i)	Residential Treatment without Education (ii)	Non-resi- dential Treatment at an Orthopædic Clinic (iii)	
Number of Children Treated ...	4	2	94	...	...	...	98

NOTE.—In some instances a child is recorded in more than one category in this table, hence the total is not the same as the sum of the figures in the separate categories.

TABLE V.—DENTAL INSPECTION AND TREATMENT.

(1) Number of children who were:—

(a) Inspected by the Dentist:—

Aged:

Routine age groups	5.....	29	} Total ...3,235
	6.....	419	
	7.....	467	
	8.....	422	
	9.....	433	
	10.....	473	
	11.....	434	
	12.....	258	
	13.....	243	
	14.....	57	

(b) Specials ... .. 1,269

(c) Total (Routine and Specials) ... .. 4,504

(2) Found to require treatment ... .. 4,041

(3) Actually treated ... .. 2,774

(4) Attendances made by children for treatment ... .. 3,924

Half-days devoted to:—

Inspection ... .. 33

Treatment ... .. 464 Total ... 497

TABLE V.—Continued.

(6) Fillings: Permanent teeth ... ..	1095	
Temporary teeth ... ..	43	Total ... 1138
(7) Extractions: Permanent teeth ... ..	674	
Temporary teeth ... ..	4178	Total ... 4852
(8) Administration of general anæsthetics for extractions ...	99	
(9) Other operations: Permanent teeth...	357	
Temporary teeth..	98	Total ... 455

TABLE VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i) Average number of visits per school made during the year by the School Nurses ... ..	5
(ii) Total number of examinations of children in the Schools by School Nurses ... ..	15,340
(iii) Number of individual children found unclean ... ..	34
(iv) Number of children cleansed under Section 87 (2) and (3) of the Education Act, 1921 ... ..	4
(v) Number of cases in which legal proceedings were taken:	
(a) Under the Education Act, 1921... 7 (three families)	
(b) Under the School Attendance By-laws ... ..	25